HEALTH CARE FINANCING ADMINISTRATION	L. TOANGA	OMB NO. 0938-0193
TO MODELLE AND MODIOS OF ADDROVAL OF	1. TRANSMI	
TRANSMITTAL AND NOTICE OF APPROVAL OF	_03	chigan
STATE PLAN MATERIAL	3. PROGRA	)F THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURIT	
TO, DECIONAL ADMINISTRATOR	4. PROPOS	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 1,	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NI	ENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	IENDMENT (Separa	t)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL	
42 CFR 431.625	a. FFY_	<u>.61</u> )
	b. FFY 9. PAGE NU	_92) _AN SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTA	LAN SECTION
Attachment 3.2-A po la	Attachn	
Accaerment - 3+2-A pg 1a	Accacin	
10. SUBJECT OF AMENDMENT:		
removes exemption from Medicare/Medicaid-reim	bursement meth	neel chain :-
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auxiciste, maximusary langu	75.58	
11. GOVERNOR'S RE VIEW (Check One):		
[] COVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER	szewski
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E MANUELLI O OL GOVERNOLIO OLI IOE ENGLOCED		1 Department
☐ In- I REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		munity I calt
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	Healtn
Taned () legensla:	Michigan D Policy and	nearui
18. TYPED NAME:	Federal Li	
Janet Olszewski	400 South	
14. TITLE:	Lansing, M	
Director	ATTN: Nan	
15. DATE SUBMITTED 3/5/2003		
FOR REGIONAL C	OFFICE USE ONLY	When will would blift the Colores
17. DATE RECEIVED:	18. DATE APPRO	relevant for 1884
275 795 (128) (138) (138)	The strain and the same men and	
	ONE COPY ATTACL	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE C	No see To all the least
MAY 1, 2003	1 th	الم الم
21. TYPED NAME:	22 TITLE:	
	Assaya Re	wor
23. REMARKS:	The second secon	Market Carlo Market
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